

Date: 9/18/2025 8:49:13 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166001096619	
Name: <b>E &amp; E COMPANY LTD</b>			
Address: <b>550 Northport Parkway</b>			
City/State/Zip: <b>Port Wentworth, GA 31407</b>			
SID#: _____	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: <b>AMAZON</b>	
Name: <b>Amazon.com Services LLC-XIN5</b>	DC#: <b>XIN5</b>		
Address: <b>8838 E COUNTY ROAD 100 S XIN5</b>		Trailer number: <b>2304294</b>	
City/State/Zip: <b>Avon, IN 46123</b>		Seal number(s): <b>62098276</b>	
SID#: _____	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address: _____	<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>		
City/State/Zip: _____			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 38439482451		AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
1XQQ4FPW	1621	8235.06	Y	N	06757166001095537	XIN5	
1XQQ4FPW	481	4309.69	Y	N	06757166001096602	XIN5	
<b>Grand Total</b>	<b>2102</b>	<b>12544.75</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70
		1	ctns	20.04		Rugs	70970-5	125
		4	ctns	37.68		Pet Accessories or Furniture	2071	300
		4	ctns	39.84		Shower curtain	49385	77.5
		38	ctns	305.88		Comforters, Bedspreads	49017	200
		45	ctns	549.16		Panels, Valances	49260-4	175
		212	ctns	2426.33		Throws, Blankets	49260	175

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p><b>COD Amount \$</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p><b>Customer check acceptable:</b> <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right; font-size: 1.2em;"><i>Johns made 9/18/25</i> Shipper Signature</p>
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<p><b>SHIPPER SIGNATURE / DATE</b></p> <p>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p style="text-align: center; font-size: 1.5em;"><i>ACE</i></p>
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Date: 9/18/2025 8:49:13 AM

# Master Bill Of Lading


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166001096619		
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 550 Northport Parkway <b>City/State/Zip:</b> Port Wentworth, GA 31407 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>				
<b>SHIP TO</b>		<b>CARRIER NAME:</b> AMAZON		
<b>Name:</b> Amazon.com Services LLC-XIN5 <b>DC#:</b> XIN5 Div. _____ <b>Address:</b> 8838 E COUNTY ROAD 100 S XIN5 <b>City/State/Zip:</b> Avon, IN 46123 <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		<b>Trailer number:</b> 2304294 <b>Seal number(s):</b> 62098276 <b>SCAC:</b> AMZX <b>Pro Number:</b> 11354B7B8		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>		
<b>Name:</b> _____ <b>Address:</b> _____ <b>City/State/Zip:</b> _____		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> <input checked="" type="checkbox"/> <b>3rd Party:</b> <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS:</b> Load #: 38439482451		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>		
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Appointment Time AM PM</td> <td style="width:33%; text-align: center;">Actual Driver Arrival Time AM PM</td> <td style="width:33%; text-align: center;">Driver Departure Time AM PM</td> </tr> </table>		Appointment Time AM PM
Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		1798	ctns	9165.82		Sheet Set & Pillowcase	49260-3	250
24				13744.75		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.  <b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ <b>Shipper Signature</b>	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

<b>SHIP FROM</b>	Shipment subject to the Amazon.com Terms and Conditions in effect on the date of shipment and available at vendorcentral.amazon.com. <b>Bill of Lading Number:</b> 06757166001095537  (402)06757166001095537
[Name] E & E COMPANY LTD [Street Address] 550 Northport Parkway [City,ST ZIPCODE] Port Wentworth, GA 31407 [DC Contact] Don Bolivar [Phone Number] 912-373-7778 SID#:FOB:	<b>Carrier Name:</b> AMAZON Trailer number: 2304294 <b>ARN:</b> 38439482451 Seal number: 62098276 Serial number(s):
<b>SHIP TO</b>	<b>SCAC:</b> AMZX Pro Number: 11354B7B8
[Name] Amazon.com Services LLC-XIN5 [Street Address] 8838 E COUNTY ROAD 100 S [City,ST ZIPCODE] Avon, IN 46123 CID No.:	
<b>FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):</b>	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
1XQQ4FPW	38439482451	1627	1621	8235.06	Y	N	
<b>Grand Total</b>		1627	1621	8235.06			

CARRIER INFORMATION										
# of Pallets		Carton Count								LTL Only
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class		
14	Pallet			700.00		Pallet				
		4	ctns	32.92		Comforters, Bedspreads	49017	200		
		1	ctns	7.04		Panels, Valances	49260-4	175		
		1596	ctns	8118.32		Sheet Set & Pillowcase	49260-3	250		
		1	ctns	7.04		Shower curtain	49385	77.5		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**COD Amount: \$** \_\_\_\_\_

**Fee Terms:** Collect  Prepaid  Customer check acceptable

**Note: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.**

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee. <b>Shipper Signature</b> _____			
<b>Shipper Signature/Date</b>  This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:30%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By shipper  <input type="checkbox"/> By driver                 </td> <td style="width:30%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By shipper  <input type="checkbox"/> By driver/pallets said to contain  <input type="checkbox"/> By driver/pieces                 </td> <td style="width:40%;"> <b>Carrier Signature/Pickup Date</b>                   Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.             </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b>  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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[Name] E & E COMPANY LTD [Street Address] 550 Northport Parkway [City,ST ZIPCODE] Port Wentworth, GA 31407 [DC Contact] Don Bolivar [Phone Number] 912-373-7778 SID#:FOB:	<b>Carrier Name:</b> AMAZON Trailer number: 2304294 <b>ARN:</b> 38439482451 Seal number: 62098276 Serial number(s):
<b>SHIP TO</b>	<b>SCAC:</b> AMZX Pro Number: 11354B7B8
[Name] Amazon.com Services LLC-XIN5 [Street Address] 8838 E COUNTY ROAD 100 S [City,ST ZIPCODE] Avon, IN 46123 CID No.:	
<b>FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):</b>	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CARRIER INFORMATION									
# of Pallets		Carton Count						LTL Only	
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class	
		19	ctns	69.74		Throws,Blankets	49260	175	
14		1621		8935.06		<b>Grand Total</b>			


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**COD Amount:** \$ \_\_\_\_\_

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[Name] E & E COMPANY LTD [Street Address] 550 Northport Pkwy [City,ST ZIPCODE] Port Wentworth, GA 31407 [DC Contact] Don Bolivar [Phone Number] 912-373-7778 SID#:FOB:	<b>Carrier Name:</b> AMAZON Trailer number: 2304294 <b>ARN:</b> 38439482451 Seal number: 62098276 Serial number(s):
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[Name] Amazon.com Services LLC-XIN5 [Street Address] 8838 E COUNTY ROAD 100 S [City,ST ZIPCODE] Avon, IN 46123 CID No.:	
<b>FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):</b>	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	


CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
1XQQ4FPW	38439482451	846	481	4309.69	Y	N	
<b>Grand Total</b>		846	481	4309.69			

CARRIER INFORMATION										
# of Pallets		Carton Count								LTN Only
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description		NMFC No.	Class	
10	Pallet			500.00		Pallet				
		1	ctns	20.04		Rugs		70970-5	125	
		3	ctns	32.80		Shower curtain		49385	77.5	
		4	ctns	37.68		Pet Accessories or Furniture		2071	300	
		34	ctns	272.96		Comforters, Bedspreads		49017	200	

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**Fee Terms:** Collect  Prepaid  Customer check acceptable

<b>Note: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.</b>			
Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee. <b>Shipper Signature</b> _____	
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<b>SHIP TO</b>	<b>SCAC:</b> AMZX Pro Number: 11354B7B8
[Name] Amazon.com Services LLC-XIN5 [Street Address] 8838 E COUNTY ROAD 100 S [City,ST ZIPCODE] Avon, IN 46123 CID No.:	
<b>FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):</b>	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CARRIER INFORMATION									
# of Pallets		Carton Count						LTL Only	
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class	
		44	ctns	542.12		Panels, Valances	49260-4	175	
		193	ctns	2356.59		Throws,Blankets	49260	175	
		202	ctns	1047.50		Sheet Set & Pillowcase	49260-3	250	
10		481		4809.69		<b>Grand Total</b>			

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**COD Amount: \$** \_\_\_\_\_

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<b>Shipper Signature/Date</b>  This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:33%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By shipper  <input type="checkbox"/> By driver                 </td> <td style="width:33%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By shipper  <input type="checkbox"/> By driver/pallets said to contain  <input type="checkbox"/> By driver/pieces                 </td> <td style="width:33%;"> <b>Carrier Signature/Pickup Date</b>                   Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b>  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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